



PTO/SB/21 (02-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/915,672
		Filing Date	July 26, 2001
		First Named Inventor	John M. Surwillo et al
		Art Unit	3762
		Examiner Name	Frances P. Oropeza
Total Number of Pages in This Submission	12	Attorney Docket Number	31-CD-6181 (5024-00106)

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return Receipt Postcard</b>
<input type="checkbox"/> Remarks _____		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Peter T. Holsen, Reg. No. 54,180 Andrus, Sceales, Starke & Sawall, LLP		
Signature			
Date	November 3, 2004		

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Aleshia T. Prange		
Signature		Date	November 3, 2004

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# FEE TRANSMITTAL

## for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** 0.00

**Complete If Known**

Application Number	09/915,672
Filing Date	July 26, 2001
First Named Inventor	John M. Surwillo et al
Examiner Name	Frances P. Oropeza
Art Unit	3762
Attorney Docket No.	31-CD-6181 (5024-00106)

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number 50-2401; Access Code 5772  
Deposit Account Name GE Medical Systems-IT

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395			Utility filing fee	
1002 350	2002 175			Design filing fee	
1003 550	2003 275			Plant filing fee	
1004 790	2004 395			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$)</b> 0.00			

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
				-20** =	X = 0.00
				- 3** =	X = 0.00

Large Entity	Small Entity	Fee Code (\$)	Fee Description
1202 18	2202 9		Claims in excess of 20
1201 88	2201 44		Independent claims in excess of 3
1203 300	2203 150		Multiple dependent claim, if not paid
1204 88	2204 44		** Reissue independent claims over original patent
1205 18	2205 9		** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b> 0.00	

\*\*or number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65			Surcharge - late filing fee or oath	
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130			Non-English specification	
1812 2,520	1812 2,520			For filing a request for ex parte reexamination	
1804 920*	1804 920*			Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*			Requesting publication of SIR after Examiner action	
1251 110	2251 55			Extension for reply within first month	
1252 430	2252 215			Extension for reply within second month	
1253 980	2253 490			Extension for reply within third month	
1254 1,530	2254 765			Extension for reply within fourth month	
1255 2,080	2255 1,040			Extension for reply within fifth month	
1401 340	2401 170			Notice of Appeal	
1402 340	2402 170			Filing a brief in support of an appeal	
1403 300	2403 150			Request for oral hearing	
1451 1,510	1451 1,510			Petition to institute a public use proceeding	
1452 110	2452 55			Petition to revive - unavoidable	
1453 1,370	2453 685			Petition to revive - unintentional	
1501 1,370	2501 685			Utility issue fee (or reissue)	
1502 490	2502 245			Design issue fee	
1503 660	2503 330			Plant issue fee	
1460 130	1460 130			Petitions to the Commissioner	
1807 50	1807 50			Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180			Submission of Information Disclosure Stmt	
8021 40	8021 40			Recording each patent assignment per property (times number of properties)	
1809 790	2809 395			Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 395			For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 395			Request for Continued Examination (RCE)	
1802 900	1802 900			Request for expedited examination of a design application	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					
<b>SUBTOTAL (3)</b> <b>(\$)</b> 0.00					

(Complete if applicable)

Name (Print/Type)	Peter T. Holsen	Registration No. (Attorney/Agent)	54,180	Telephone	414-271-7590
Signature				Date	November 3, 2004

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3762  
Ran

Application No. 09/915,672  
Amendment Dated November 3, 2004  
Reply to Office Action of June 22, 2004



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 09/915,672  
Applicant : John M. Surwillo et al  
Filed : July 26, 2001  
Title : A Medical Testing System with an Illuminating Component and Automatic Shut-Off  
TC/A.U. : 3762  
Examiner : Frances P. Oropeza  
Docket No. : 31-CD-6181 (5024-00106)

) CERTIFICATE OF MAILING  
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Alexandria, VA 22313-1450, on this 3rd  
day of November, 2004.

) Aleshia Prange November 3, 2004  
Aleshia Prange Date

AMENDMENT

Mail Stop: Amendment – No Fee  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated June 22, 2004, please enter the following in the above-identified application:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 5 of this paper.